SEC Form 4
------------

Instruction 1(b)

## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL	

OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BEN
obligations may continue. See	
Instruction 1(h)	Filed pursuant to Section 16(a) of the Securiti

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

									mvestment										
1. Name and Address of Reporting Person* OSTROFF DAWN					2. Issuer Name <b>and</b> Ticker or Trading Symbol Paramount Global [ PARAA,PARA ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>OSTROFT DAWN</u>														K Direct	or		10% Ov	vner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/08/2023									Office below	r (give title )		Other (s below)	specify	
1515 BROADWAY				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														2	K Form	filed by One	e Rep	orting Perso	on
NEW Y(	ORK N	Y	10036											Form filed by More than One Reporting Person					
(City)	(S	itate)	(Zip)		Ru	Rule 10b5-1(c) Transaction Indication													
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									ded to									
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Ex ) if a	A. Deemed Accution Date, any Ionth/Day/Year)		Transaction Dispos Code (Instr. 5)		urities Acquired (A sed Of (D) (Instr. 3,		3, 4 and Secu Bene Owne		rities Fo ficially (D) d Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	V Amou		nt (A) or Pric		rice	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned         (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amou or Numl of Share	ber					
Restricted Share Units <sup>(1)</sup>	(2)	05/08/2023			A		9,260		(2)		(2)	Class B common stock	9,26	50	\$0.0000 <sup>(1)</sup>	9,260		D	

Explanation of Responses:

1. Granted under the Issuer's equity plan for outside directors for no consideration.

2. These RSUs will vest on the earlier of (i) the date of the Issuer's 2024 Annual Meeting of Stockholders and (ii) May 8, 2024, and a corresponding number of Class B shares will be delivered on the vesting date, unless the director has elected to defer receipt.



\*\* Signature of Reporting Person Date

05/10/2023

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.